## **DEBTS** (<u>use a separate form for each debt</u>):

initials

		First	Middle	Last	Social Security Number	
Type of	Debt:	Credit Card	Charge Account	Student Loan  Other		
Account	numbe	r:		Date debt origina	ated (Mo/Yr):	
Original amount of debt: \$				Date of last payment (Mo/Yr):		
Current	balance	»: \$				
Name of	credito	r:				
	Address	·			Suite	
	City			State	ZIP	
f differe	ent from	above, current ci	reditor:			
	Address	i			Suite	
	City			State	ZIP	
		nains, indicate wh	•			
nitials	1)		r) of inception of paymen	nt plan		
	2)	•	r) of first payment	n plan		
	3)	Amount to be pai				
	4)	Date (month/year	r) of anticipated payoff			
	5)	Provide a copy of				
			f the written agreement a	and details of the plan		
	6)	Proof of the first	wing documentation:  two (2) payments made	ind details of the plan if plan was established within s made if plan was established		
nitials	•	Proof of the first Proof of the <u>two</u>	wing documentation:  two (2) payments made (2) most recent payments	if plan was established within s made if plan was established		
nitials	Placed t	Proof of the first Proof of the <u>two</u> the account in for	wing documentation:  two (2) payments made (2) most recent payments  bearance: Provide official	if plan was established within s made if plan was established cial documentation that the accordance is a second content of the content of th	l more than 60 days ago	